Building a european consensus on minimum quality standards for drug treatment, rehabilitation and harm reduction

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Table 1: Sources of relevant documents: regional distribution

Treatment/rehabilitation	**South-West**	**Central-East**	**North**
Lit. review	41 (20.1)	23 (13.7)	20 (20.2)
Exp. opinion	40 (19.6)	43 (25.6)	23 (23.2)
Exp. consensus	61 (29.9)	51 (30.4)	25 (25.3)
Research project	22 (10.8)	15 (8.9)	12 (12.1)
Practice experience	40 (19.6)	36 (21.4)	19 (19.2)
Total:	204 (100.0)	168 (100.0)	99 (100.0)
Harm reduction:			
Lit. review	7 (18.9)	8 (20.5)	7 (21.2)
Exp. opinion	9 (24.3)	7 (17.9)	6 (18.2)
Exp. consensus	8 (21.6)	13 (33.3)	6 (18.2)
Research project	3 (8.1)	7 (17.9)	7 (21.2)
Practice experience	10 (27.0)	4 (10.3)	7 (21.2)
Total:	37 (100.0)	39 (100.0)	33 (100.0)

Note: South-West includes Austria, Belgium, Cyprus, France, Germany, Greece, Italy, the Netherlands, Portugal, Spain, and Switzerland; Central-East includes Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia; North includes Denmark, Finland, Ireland, Sweden, and the United Kingdom

Table 2: Treatment and rehabilitation standards: number of documents, evidence grading, source of evidence, and level of obligation.

Draft number, group, description, and explanation of quality standard	**Number of documents**	**Number of documents / evidence grade**					**Source of document**					**Level of obligation**	
		A	B	C	D	E	Lit. review	Exp. opinion	Exp. consensus	Research project	Practice experience	Mandatory	Recommended
Structural standards of services													
TR1 Accessibility: location (service can easily be reached by public transport)	57	0	0	1	4	6	22	28	31	14	26	51	6
TR2 Physical environment: space (e.g., service has separate rooms for individual counselling)	58	0	1	0	5	4	19	32	39	6	32	35	29
TR3 Physical environment: safety (service is equipped for reanimation and other emergencies, e.g., management of overdose)	67	0	1	3	3	4	28	29	45	12	40	42	21
TR4 Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis)	101	5	1	8	4	11	49	58	74	22	54	53	69
TR5 Staff composition: education (e.g., at least half of staff has a diploma in medicine, nursing, social work, or psychology)	104	1	0	3	4	14	44	62	76	25	60	52	57
TR6 Staff composition: transdisciplinarity (e.g., service employs a	105	0	1	3	2	11	38	52	63	19	51	68	42

multidisciplinary team composed of at least 3 professions)													
Process standards at the service level and of interventions													
TR7 Assessment procedures: substance use history, diagnosis and treatment history have to be assessed	166	13	3	21	36	37	78	89	105	40	78	104	62
TR8 Assessment procedures: somatic status and social status have to be assessed	138	5	2	9	21	30	65	78	89	39	63	91	47
TR9 Assessment procedures: psychiatric status has to be assessed	130	2	2	8	11	15	63	74	85	36	64	91	40
TR10 Individualised treatment planning (treatment plans are tailored individually to the needs of the patient)	177	4	6	7	15	15	83	98	116	46	86	117	65
TR11 Informed consent (patients must receive information on available treatment options and agree with a proposed regime or plan before starting treatment)	140	3	1	7	12	3	68	80	93	36	71	68	77
TR12 Written client records (assessment results, intervention plan, interventions, expected changes and unexpected events are documented complete and up to date for each patient in a patient record)	141	1	0	8	4	6	65	75	92	32	68	70	76
TR13 Confidentiality of client data (patient records are confidential and exclusively accessible to staff involved in a patient's treatment or regime)	124	2	1	5	10	3	60	75	83	34	64	58	71

TR14 Routine cooperation with other agencies (whenever a service is not equipped to address all needs of a given patient, another appropriate service is available for referral)	155	1	2	6	15	10	62	85	102	30	74	109	51
TR15 Continued staff training (staff is regularly updated on relevant new knowledge in their field of expertise)	111	3	0	3	12	8	55	74	86	31	64	77	39
Outcome standards at the system level													
TR16 Goal: health stabilisation/improvement (treatment must be aimed at improvement or stabilisation of health)	138	2	0	9	5	4	66	77	93	31	58	110	30
TR17 Goal: social stabilisation/integration (treatment must be aimed at improvement of social stabilisation or integration)	131	1	0	3	4	14	53	66	89	28	53	103	30
TR18 Goal: reduced substance use (treatment must be aimed at a reduction of substance use, e.g., helping the client/patient to reduce the use of or to abstain from psychotropic substances)	147	4	2	9	5	8	62	78	93	37	65	98	40
TR19 Utilisation monitoring (services must periodically report the occupancy of treatment slots or beds)	57	0	2	2	4	0	18	33	37	15	29	37	20
TR20 Discharge monitoring (e.g., ratio of regular / irregular discharges, retention rates, etc., have to be periodically monitored)	48	0	0	1	3	0	13	31	33	10	26	33	20
TR21 Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes)	73	2	0	4	6	6	27	46	55	18	41	54	24

TR22 External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator)	56	0	0	2	7	0	18	36	39	14	32	37	24
TR23 Cost-effectiveness ratio (positive outcomes, e.g., number of abstinent patients in relation to treatment costs)	16	6	2	2	1	0	13	13	13	7	12	11	5
TR24 Cost-benefit ratio (tangible benefits, e.g., years of increased life expectancy in relation to treatment costs)	2	1	0	0	0	0	2	2	2	2	2	1	1

Table 3: Harm reduction quality standards: number of documents, evidence grading, source of evidence, and level of obligation per standard.

Draft number, group, description, and explanation of quality standard	**Number of documents**	**Number of documents / evidence grade**					**Source of Document**					**Level of obligation**	
		A	B	C	D	E	Literature review	Expert opinion	Expert consensus	Research project	Practice experience	Mandatory	Recommended
Structural standards interventions													
HR1 Accessibility: costs not to be paid by clients (exclusion of costs that limit the accessibility for poor clients/patients)	15	0	0	1	0	0	7	7	3	4	10	8	8
HR2 Accessibility: location (service can easily be reached by public transport)	33	0	0	2	2	1	11	10	8	11	17	23	10
HR3 Accessibility: opening hours (adjusted to the needs of clients/patients, e.g., evenings & weekends)	26	0	0	2	2	2	12	12	9	7	13	19	7
HR4 Staff qualification: minimal qualification (e.g., at least half of staff has a diploma in nursing, social work, or psychology)	29	0	0	1	2	1	12	17	12	10	22	21	11
HR5 Staff composition: transdisciplinarity (e.g., service employs a	24	0	0	1	2	1	12	17	12	10	22	15	9

multidisciplinary team composed of at least 2 professions)													
HR6 Indication criteria: age limits (e.g., minimal age required for admittance)	23	0	0	0	5	3	9	13	11	3	11	19	7
HR7 Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis or, if not possible, a detailed assessment of the current substance use)	14	0	0	0	5	3	9	13	11	3	11	6	8
Process standards interventions													
HR8 Assessment procedures: risk behaviour assessment (client´s/patient´s risk behaviour is assessed)	24	0	0	2	1	1	15	12	8	9	15	21	3
HR9 Assessment procedures: complete needs assessment and prioritisation (e.g., 1. harm reduction of intravenous drug use and, 2. reduction of used syringes in public spaces, etc.)	26	0	0	2	3	2	9	11	9	8	13	18	8
HR10 Assessment procedures: client/patient status (the client's health status is assessed)	30	0	0	2	5	3	16	17	14	10	16	28	2
HR11 Informed consent (clients/patients must receive information on available service options and agree with a proposed regime or plan before starting an intervention)	23	0	0	2	5	1	12	13	14	6	11	14	12
HR12 Confidentiality of client data (client/patient records are confidential and exclusively accessible to staff involved in a client's/	36	0	0	3	6	1	18	17	17	10	19	19	20

patient's intervention or regime)													
HR13 Written client records (assessment results, intervention plan, interventions, expected changes and unexpected events are documented completely and updated for each client/patient in a client/patient record)	18	0	0	2	0	0	12	11	7	7	13	16	2
HR14 Individualised treatment planning (intervention regime and intervention plans, if applicable, are tailored individually to the needs of the client/patient)	33	0	0	1	2	0	13	15	10	9	16	28	6
HR15 Routine cooperation with other agencies (whenever a service is not equipped to address all needs of a given patient/client, another appropriate service is available for referral)	49	0	0	3	9	1	22	23	22	15	22	28	24
HR16 Continued staff training (staff is regularly updated on relevant new knowledge in their field of action)	30	1	0	2	3	0	17	18	15	8	20	24	9
HR17 Neighbourhood/community consultation (avoiding nuisance and conflict with other people around the service)	20	0	0	2	1	1	9	12	10	7	8	12	9
Outcome standards at system level													
HR18 Goal: reduced risk behaviour (reducing unsafe injections, unsafe drug use and unprotected sex)	62	2	0	4	7	1	25	25	25	15	26	43	22
HR19 Goal: reduced substance use (treatment must be aimed at a	26	1	0	3	3	1	17	19	16	11	20	23	3

reduction of substance use, e.g., helping the client/patient to reduce the use of or to abstain from psychotropic substances)													
HR20 Goal: referrals (treatment services must be prepared to refer patients to other health/social/treatment services if needed and agreed)	44	1	0	3	3	1	17	19	16	11	20	33	12
HR21 Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes)	20	1	0	0	0	0	9	15	12	8	11	14	9
HR22 External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator)	21	1	0	1	1	0	11	17	13	9	11	14	10
HR23 Utilisation monitoring (services must periodically report the occupancy of service slots)	24	0	0	1	0	0	8	15	12	19	18	16	10
HR24 Cost-effectiveness ratio (positive outcomes, e.g., number of abstinent patients in relation to service costs)	5	0	0	1	0	0	5	4	3	3	2	4	1
HR25 Cost-benefit ratio (tangible benefits, e.g., years of increased life expectancy in relation to service costs)	3	0	0	1	0	0	3	3	3	3	2	2	1

Table 4: Treatment/rehabilitation: implementation status, feasibility in respective country, and overall personal acceptability of quality standards

		n	Imple-mented (%)	Feasible no problems (%)	Problems expected (%)	Not feasible at all (%)	No answer (%)	Overall personal accept-ability (%)	Excep-tions to accept-ability[1)]
Structural standards services									
TR1	Accessibility: location (service can easily be reached by public transport)	153	21.6	30.1	38.6	3.9	5.9	85.0	3
TR2	Physical environment: adequate spacing for the activities in the service (e.g., service has separate rooms for individual counselling)	149	39.6	28.2	23.5	1.3	7.4	91.9	6
TR3	Physical environment: safety (service is equipped for emergencies, e.g., management of overdose, fire or aggression on the premises)	150	26.7	19.3	33.3	9.3	11.3	78.0	6
TR4	Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis)	145	41.4	23.4	26.9	1.4	6.9	84.1	6, 4
TR5	Staff composition: basic education (e.g., at least half of staff has a diploma in medicine, nursing, social work, or psychology)	142	47.9	23.9	16.9	6.3	4.9	90.1	6, 4, 3
TR6	Staff composition: transdisciplinarity (e.g., service employs a multidisciplinary team composed of at least 3 professions)	143	25.9	21.0	41.3	7.7	4.2	79.7	6, 3

Process standards of services									
TRs7	Assessment procedures: substance use history, diagnosis and treatment history have to be assessed	84	44.0	38.1	11.9	1.2	4.8	92.9	6, 4
TRs8	Assessment procedures: somatic status and social status have to be assessed	84	35.7	39.3	15.5	2.4	7.1	88.1	6, 4
TRs9	Assessment procedures: psychiatric status has to be assessed	84	23.8	32.1	32.1	3.6	8.3	77.4	6
TRs10	Individualised treatment planning (treatment plans are tailored individually to the needs of the patient)	84	38.1	22.6	28.6	3.6	7.1	91.7	6, 3, 4
TRs11	Informed consent (patients must receive information on available treatment options and agree with a proposed regime, plan or change of plan before starting treatment)	84	42.9	39.3	11.9	0.0	6.0	86.9	6, 3, 4
TRs12	Written client records (patient records, including assessment results, intervention plan, interventions, expected changes and unexpected events, are documented and up to date for each patient)	84	42.9	26.2	19.0	3.6	8.3	86.9	6
TRs13	Confidentiality of client data (patient records are confidential and exclusively accessible to staff involved in a patient's treatment or regime)	84	56.0	26.2	11.9	0.0	3.3	94.0	6
TRs14	Routine cooperation with other agencies (whenever a service is not equipped to deal with all needs of a given patient, an appropriate service	84	25.0	26.2	35.7	6.0	7.1	90.5	3, 6

	is available for referral)								
TRs15	Continued staff training (staff is regularly updated on relevant new knowledge in their field of action)	84	29.8	23.8	40.5	0.0	6.0	92.9	6
Process standards of interventions									
TRi7	Assessment procedures: substance use history, diagnosis and treatment history have to be assessed	55	45.5	23.6	29.1	0.0	1.8	94.5	-
TRi8	Assessment procedures: somatic status and social status have to be assessed	55	40.0	30.9	23.6	3.6	1.8	92.7	-
TRi9	Assessment procedures: psychiatric status has to be assessed	55	30.9	23.6	36.4	7.3	1.8	74.5	4, 7, 1, 6[2)]
TRi10	Individualised treatment planning (treatment plans are tailored individually to the needs of the patient)	55	40.0	12.7	41.8	1.8	3.6	90.9	-
TRi11	Informed consent (patients must receive information on available treatment options and agree with a proposed regime, plan or change of plan before starting treatment)	55	40.0	25.5	29.1	3.6	1.8	89.1	-
TRi12	Written client records (patient records, including assessment results, intervention plan, interventions, expected changes and unexpected events, are documented complete and up to date for each patient)	55	36.4	23.6	38.2	0.0	1.8	85.5	-
TRi13	Confidentiality of client data (patient records are confidential and	55	60.0	25.5	12.7	0.0	1.8	94.5	-

	exclusively accessible to staff involved in a patient's treatment or regime)								
TRi14	Routine cooperation with other agencies (whenever a service is not equipped to deal with all needs of a given patient, an appropriate service is available for referral)	55	29.1	18.2	49.1	1.8	1.8	92.7	-
TRi15	Continued staff training (staff is regularly updated on relevant new knowledge in their field of action)	55	30.9	16.4	45.5	5.5	1.8	92.7	-
Outcome standards at system level									
TR16	Goal: health stabilisation/improvement (treatment must aim for improvement or stabilisation of health)	142	41.5	28.9	21.8	1.4	6.3	95.8	6
TR17	Goal: social stabilisation/integration (treatment must aim for improvements in social stabilisation or integration)	142	28.9	27.5	33.8	4.2	5.6	92.3	4, 6, 3
TR18	Goal: reduced substance use (treatment must aim for a reduction of substance use, e.g., helping the client/patient to reduce use or to abstain from illegal or non-prescribed psychotropic substances)	142	37.3	31.0	24.6	1.4	5.6	88.0	6, 4
TR19	Utilisation monitoring (services must periodically report the occupancy rate of treatment slots or beds)	142	30.3	30.3	28.9	2.8	7.7	87.3	6, 4
TR20	Discharge monitoring (e.g., ratio of regular/irregular discharges and retention rates have to be monitored periodically)	142	14.8	24.6	40.1	12.0	8.5	79.6	4, 6, 3

TR21	Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes)	142	23.2	24.6	38.7	8.5	4.9	85.9	4, 6, 3
TR22	External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator)	141	7.8	15.6	53.2	17.0	6.4	78.7	4, 6, 3
TR23 [3)]	Cost-effectiveness ratio (positive outcomes, e.g., number of abstinent patients in relation to treatment costs)	140	3.6	11.4	51.4	22.1	11.4	65.7	6, 4, 3, 5, 1, 2
TR24 [3)]	Cost-benefit ratio (tangible benefits, e.g., years of increased life expectancy in relation to treatment costs)	139	2.2	9.4	41.7	31.7	15.1	58.3	6, 4, 3, 5, 1, 2

[1)] 1 = out-patient services, 2 = in-patient services, 3 = prison-based services, 4 = office-based services, 5 = specialised teams, 6 = non-specialised teams. Note: exceptions are ordered from high to low relevance; [2)] categories for process standards of interventions: 1 = counselling, 2 = psycho-social, 3 = substitution maintenance, 4 = heroin-assisted treatment, 5 = detoxification, 6 = vocational rehabilitation, 7 = other rehabilitation. Note: exceptions are ordered from high to low relevance; [3)] these MQS were excluded from the list after the conference.

Table 5: Harm reduction: implementation status, feasibility in respective country, and overall personal acceptability of quality standards

		n	Imple-mented (%)	Feasible no problems (%)	Problems expected (%)	Not feasible at all (%)	No answer (%)	Overall personal accept-ability (%)	Excep-tions to accept-ability[1)]
Structural standards of interventions									
HR1	Accessibility: costs to be paid by clients (exclusion of costs which limit accessibility for poor clients/patients)	138	23.2	18.1	26.1	21.7	10.9	46.4	4, 7, 8, 3, 9, 6, 5, 1, 2, 10
HR2	Accessibility: location (service can easily be reached by public transport)	147	17.0	23.1	44.9	10.2	4.8	87.1	4, 10, 5, 3
HR3	Accessibility: opening hours (adjusted to the needs of clients/patients, e.g., evenings & weekends)	140	16.4	24.3	43.6	14.3	1.4	83.6	5, 6, 4, 7, 9, 10, 8
HR4 [2)]	Staff qualification: minimal qualification (*staff has to be qualified and the staff qualifications have to be made transparent*, e.g., for two trained peers in the service, two have a diploma in social work and further two have	133	35.3	27.1	22.6	10.5	4.5	84.2	1, 10, 3, 9, 8

	diplomas in in nursing)								
HR5 [3]	Staff composition: transdisciplinarity (e.g., service employs a multidisciplinary team composed of at least 2 professions)	133	17.3	19.5	33.8	24.1	5.3	64.7	4, 10, 6, 9, 1, 8, 3, 5, 7, 2
HR6 [2]	Indication criteria: age limits (*1. Services have to be age appropriate and staff have to be trained to meet age appropriate clients needs, 2. There should be no age limits in harm reduction services*)	135	21.5	20.7	28.9	15.6	13.3	29.6	-
HR7 [3]	Indication criteria: diagnosis (treatment indication is always made on the basis of a diagnosis or, if not possible, a detailed assessment of current substance use)	137	29.2	21.9	23.4	16.8	8.8	62.8	4, 3, 9, 8, 10, 1, 5, 6, 2, 7
Process standards of interventions									
HR8	Assessment procedures: risk behaviour assessment (client/patient risk behaviour is assessed)	125	24.0	35.2	24.8	10.4	5.6	76.8	4, 10, 6, 5
HR9	Assessment procedures: complete needs assessment and prioritisation (e.g. 1. harm reduction of intravenous drug use and, 2. reduction of used syringes in public spaces)	127	14.2	31.5	28.3	13.4	12.6	74.8	4, 5, 10, 6, 7, 9, 3, 8
HR10	Assessment procedures: client/patient status (the client/patient health status is assessed)	126	20.6	32.5	26.2	11.1	9.5	69.8	4, 3, 8, 9, 10, 5, 7

HR11 [2)]	Informed consent (clients/patients must receive information on available service options and agree with a proposed regime or plan before starting an intervention. *Interventions should not be based on written informed consent, but rather on transparent information regarding all the treatments offered by a service*)	124	39.5	28.2	20.2	7.3	4.8	84.7	4, 3, 1, 10, 8, 9
HR12	Confidentiality of client data (client/patient records are confidential and exclusively accessible to staff involved in a client's/patient's intervention or regime)	124	55.6	27.4	12.1	1.6	3.2	95.2	4
HR13 [3)]	Written records (assessment results, intervention plan, interventions, expected changes and unexpected events are documented and up to date for each client/patient in a client/patient record)	124	21.0	25.8	25.8	19.4	8.1	58.1	4, 1, 3, 9, 8, 2, 10, 5, 7, 6
HR14	Individualised treatment planning (intervention regime and intervention plans, if applicable, are individually tailored to the needs of the client/patient)	125	20.0	25.6	32.8	16.8	4.8	73.6	4, 1, 3, 2, 8, 9, 5, 10, 6, 7
HR15	Routine cooperation with other agencies (whenever a service is not equipped to deal with all needs of a given client/patient, an appropriate service available for referral)	124	34.7	20.2	39.5	4.0	1.6	91.9	4
HR16	Continued staff training (staff is regularly updated on relevant new knowledge in their field of action)	123	25.2	27.6	41.5	4.9	0.8	95.9	4

HR17	Neighbourhood/community consultation (avoiding nuisance and conflict with other people around the service)	123	22.8	22.8	32.5	14.6	7.3	80.5	4, 5, 6, 7, 9, 8, 3
Outcome standards at the system level									
HR18	Goal: reduced risk behaviour (reducing unsafe injections, unsafe drug use and unprotected sex)	133	39.8	18.8	35.3	3.8	2.3	94.7	-
HR19 [3)]	Goal: reduced substance use (treatment must be aimed at a reduction of substance use, e.g. helping the client/patient to reduce use or to abstain from psychotropic substances)	131	24.4	20.6	33.6	13.7	7.6	59.5	4, 2, 6, 5, 1, 10, 9, 3, 7, 8
HR20	Goal: referrals (treatment services must be prepared to refer clients/patients to other health/social/treatment/legal services if needed)	130	42.3	19.2	30.8	5.4	2.3	93.8	4
HR21	Internal evaluation (services must regularly perform an internal evaluation of their activities and outcomes)	130	23.8	29.2	36.9	7.7	2.3	89.2	4
HR22	External evaluation (services must regularly allow an evaluation of their activities and outcomes by an independent external evaluator)	129	8.5	16.3	54.3	16.3	4.7	79.8	4, 10, 7
HR23 [3)]	Utilisation monitoring (services must periodically report the occupancy rates of service slots)	130	28.5	30.8	25.4	9.2	6.2	84.6	4, 5, 2, 3, 9
HR24 [3)]	Cost-effectiveness ratio (positive outcomes, e.g. number of abstinent	129	4.7	16.3	40.3	26.4	12.4	50.4	2, 4, 3, 1, 7,

	patients in relation to service costs)								10, 9, 8, 5, 6
HR25 [3]	Cost-benefit ratio (tangible benefits, e.g. years of increased life expectancy in relation to service costs)	128	1.6	17.2	37.5	31.3	12.5	58.6	4, 3, 5, 10, 7, 8, 9, 2, 1, 6

[1] 1= needle-syringe exchange, 2 = supervised injection room, 3 = outreach/street work, 4 = drug checking, 5 = BBV testing & counselling, 6 = vaccination, 7 = referrals, 8 = safer use counselling, 9 = safe sex counselling, 10 = sheltered housing. Note: exceptions are ordered from high to low relevance; [2] these MQS were reformulated during the conference, reformulations are marked in italics; [3] these MQS were definitively excluded from the list after the conference.

Note: HR 1-3: These three standards were integrated into one MQS at the conference but were assessed separately in the online survey. HR6 and HR7 were integrated into one MQS and reformulated at the conference as described in HR6 in the table.